



|  |  |                            |  |  |  |  |  |
|--|--|----------------------------|--|--|--|--|--|
| a Control number                                   |  | OMB No. 1545-0008          |  | Safe, accurate,<br>FAST! Use                                    |  | Visit the IRS website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number (EIN)             |  |                            |  | 1 Wages, tips, other compensation  |  | 2 Federal income tax withheld  |  |
| c Employer's name, address, and ZIP code           |  |                            |  | 3 Social security wages  |  | 4 Social security tax withheld   |  |
|  |  |                            |  | 5 Medicare wages and tips  |  | 6 Medicare tax withheld  |  |
|  |  |                            |  | 7 Social security tips   |  | 8 Allocated tips   |  |
| d Employee's social security number                |  |                            |  | 9 Advance EIC payment  |  | 10 Dependent care benefits   |  |
| e Employee's first name and initial      Last name |  |                            |  | 11 Nonqualified plans  |  | 12a See instructions for box 12  |  |
|  |  |                            |  | 13 Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b  |  |
|  |  |                            |  | 14 Other   |  | 12c  |  |
|  |  |                            |  |  |  | 12d  |  |
| f Employee's address and ZIP code                  |  |                            |  |  |  |  |  |
| 15 State      Employer's state ID number           |  | 16 State wages, tips, etc. |  | 17 State income tax  |  | 18 Local wages, tips, etc.   |  |
|  |  |                            |  |  |  | 19 Local income tax  |  |
|  |  |                            |  |  |  | 20 Locality name   |  |

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service  
**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

|  |  |                            |  |  |  |  |  |
|--|--|----------------------------|--|--|--|--|--|
| a Control number                                   |  | OMB No. 1545-0008          |  | Safe, accurate,<br>FAST! Use                                    |  | Visit the IRS website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number (EIN)             |  |                            |  | 1 Wages, tips, other compensation  |  | 2 Federal income tax withheld  |  |
| c Employer's name, address, and ZIP code           |  |                            |  | 3 Social security wages  |  | 4 Social security tax withheld   |  |
|  |  |                            |  | 5 Medicare wages and tips  |  | 6 Medicare tax withheld  |  |
|  |  |                            |  | 7 Social security tips   |  | 8 Allocated tips   |  |
| d Employee's social security number                |  |                            |  | 9 Advance EIC payment  |  | 10 Dependent care benefits   |  |
| e Employee's first name and initial      Last name |  |                            |  | 11 Nonqualified plans  |  | 12a See instructions for box 12  |  |
|  |  |                            |  | 13 Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b  |  |
|  |  |                            |  | 14 Other   |  | 12c  |  |
|  |  |                            |  |  |  | 12d  |  |
| f Employee's address and ZIP code                  |  |                            |  |  |  |  |  |
| 15 State      Employer's state ID number           |  | 16 State wages, tips, etc. |  | 17 State income tax  |  | 18 Local wages, tips, etc.   |  |
|  |  |                            |  |  |  | 19 Local income tax  |  |
|  |  |                            |  |  |  | 20 Locality name   |  |

Form **W-2** Wage and Tax  
Statement

2005

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

Place label here or print

|  |  |  |          |
|--|--|--|----------|
| Your social security number<br>  |  | Spouse's social security number<br>  |          |
| Your legal last name   |  | Legal first name and middle initial  |          |
| If a joint return, spouse's legal last name  |  | Spouse's legal first name and middle initial   |          |
| Home address (number and street)   |  |  |          |
| City or post office  |  | State  | Zip code |
| <b>Filing status</b><br><input type="checkbox"/> Single<br><input type="checkbox"/> Married filing joint return (even if only one had income)<br><input type="checkbox"/> Head of household (with qualifying person).<br>Also, check here if married. <input type="checkbox"/> |  | <b>State election campaign fund</b><br>If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse<br>Checking the box(es) will not change your tax or refund.<br><b>Tax district</b><br>Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005.<br><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br>Fill in name <input type="text"/><br><b>County of</b> <input type="text"/><br><b>School district</b> Fill in your school district number (see page 24) <input type="text"/> |          |

ENCLOSE withholding statements

PAPER CLIP payment here

|   |   |                                |         |
|---|---|--------------------------------|---------|
| 1   | Wages, salaries, tips, etc. (see page 4)  | 1                              | .00     |
| 2   | Interest (see page 5)   | 2                              | .00     |
| 3   | Ordinary dividends (from line 9a of federal Form 1040A or 1040)   | 3                              | .00     |
| 4   | Capital gain distributions (see page 5)   | 4                              | .00     |
| 5   | Unemployment compensation (from worksheet, page 5)  | 5                              | .00     |
| 6   | Taxable IRA distributions, pensions and annuities, and social security benefits (see page 6)  | 6                              | .00     |
| 7   | Add lines 1 through 6   | 7                              | .00     |
| 8   | Educator expenses (see page 7)  | 8                              | .00     |
| 9   | IRA deduction (see page 7)  | 9                              | .00     |
| 10  | Student loan interest deduction   | 10                             | .00     |
| 11  | Add lines 8, 9, and 10  | 11                             | .00     |
| 12  | Subtract line 11 from line 7. This is your Wisconsin income   | 12                             | .00     |
| 13  | If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>   | 13                             |         |
| 14  | Fill in the <b>standard deduction</b> for your filing status from table, page 16. <b>But</b> if you checked the box on line 13, fill in amount from worksheet, page 7 | 14                             | .00     |
| 15  | Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0   | 15                             | .00     |
| 16  | Deduction for exemptions (from line 6 of Exemption Worksheet, page 7)   | 16a                            | .00     |
| b Fill in number of dependents (do not count yourself or your spouse) <input type="text"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> |   |                                |         |
| c If you (or your spouse if filing joint) were <b>age 65 or over</b> , check here <input type="checkbox"/>  |   |                                |         |
| 17  | Subtract line 16a from line 15. If line 16a is larger than line 15, fill in 0. This is your taxable income  | 17                             | .00     |
| 18  | Tax. Use amount on line 17 to find your tax using table, page 17  | 18                             | .00     |
| 19  | Armed forces member credit (must be stationed outside U.S., see page 8)   | 19                             | .00     |
| 20  | School property tax credit  |                                |         |
| a Rent paid in 2005—heat included .00   |   | Find credit from table page 9  | 20a .00 |
| Rent paid in 2005—heat not included .00   |   |                                |         |
| b Property taxes paid on home in 2005 .00   |   | Find credit from table page 10 | 20b .00 |
| 21  | Working families tax credit, see page 10  | 21                             | .00     |
| 22  | Married couple credit. Complete schedule on reverse side  | 22                             | .00     |
| 23  | Add lines 19 through 22. This is the total of your credits  | 23                             | .00     |
| 24  | Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax   | 24                             | .00     |

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>25</b> | Fill in net tax from line 24 .....   | <b>25</b> | .00 |
| <b>26</b> | Sales and use tax due on out-of-state purchases (see page 11) .....                                    | <b>26</b> | .00 |
| <b>27</b> | Endangered resources donation (decreases refund or increases amount owed) .....                        | <b>27</b> | .00 |
| <b>28</b> | Packers football stadium donation (decreases refund or increases amount owed) .....                    | <b>28</b> | .00 |
| <b>29</b> | Breast cancer research donation (decreases refund or increases amount owed) .....                      | <b>29</b> | .00 |
| <b>30</b> | Veterans trust fund donation (decreases refund or increases amount owed) .....                         | <b>30</b> | .00 |
| <b>31</b> | Add lines 25 through 30 .....  | <b>31</b> | .00 |
| <b>32</b> | Wisconsin income tax withheld. Enclose withholding statements ...                                      | <b>32</b> | .00 |
| <b>33</b> | 2005 estimated tax payments and amount applied from 2004 return .                                      | <b>33</b> | .00 |
| <b>34</b> | Earned income credit (see page 12)   |           |     |
|           | Qualifying Federal<br>children credit . . . . .  | <b>34</b> | .00 |
| <b>35</b> | Homestead credit. Attach Schedule H or H-EZ .....  | <b>35</b> | .00 |
| <b>36</b> | Eligible veterans and surviving spouses property tax credit .....                                      | <b>36</b> | .00 |
| <b>37</b> | Add lines 32 through 36 .....  | <b>37</b> | .00 |
| <b>38</b> | If line 37 is more than line 31, subtract line 31 from line 37. This is the <b>AMOUNT YOU OVERPAID</b> | <b>38</b> | .00 |
| <b>39</b> | Amount of line 38 you want <b>REFUNDED TO YOU</b> .....  | <b>39</b> | .00 |
| <b>40</b> | Amount of line 38 you want <b>applied to your 2006 estimated tax</b> . . .                             | <b>40</b> | .00 |
| <b>41</b> | If line 37 is less than line 31, subtract line 37 from line 31. This is the <b>AMOUNT YOU OWE</b> . .  | <b>41</b> | .00 |
| <b>42</b> | Underpayment interest. Also include on line 41 .....   | <b>42</b> | .00 |

**Sign below** Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

|                |  |      |
|----------------|--|------|
| Your signature | Spouse's signature (if filing jointly, BOTH must sign) | Date |
|----------------|--|------|

**Mail your return to:** Wisconsin Department of Revenue  
*If tax due* ..... PO Box 268, Madison WI 53790-0001  
*If homestead credit claimed* .... PO Box 34, Madison WI 53786-0001  
*If refund or no tax due* ..... PO Box 59, Madison WI 53785-0001

*For Department Use Only*

|   |   |    |   |     |   |   |   |   |  |  |  |
|---|---|----|---|-----|---|---|---|---|--|--|--|
| R | M | Y  | T | MAN | D | A | P | C |  |  |  |
|   |   | 05 |   |     |   |   |   |   |  |  |  |

## Married Couple Credit When Both Spouses Are Employed

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

|   |          | (A) YOURSELF                          | (B) YOUR SPOUSE |
|---|----------|---------------------------------------|-----------------|
| <b>1</b> Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 ..... | <b>1</b> | .00                                   | .00             |
| <b>2</b> IRA deduction, if any, from line 9 of Form 1A .....  | <b>2</b> | .00                                   | .00             |
| <b>3</b> Subtract line 2 from line 1 .....  | <b>3</b> | .00                                   | .00             |
| <b>4</b> Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . .   | <b>4</b> |                                       | .00             |
| <b>5</b> Rate of credit is .03 (3%) .....   | <b>5</b> |                                       | x <b>.03</b>    |
| <b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 22 on reverse side .....  | <b>6</b> | <b>Do not fill in more than \$480</b> | .00             |



Check box if an amended return ☐

Place label here or print

|                                       |       |  |                                 |
|---------------------------------------|-------|--|---------------------------------|
| Claimant's social security number<br> |       | Spouse's social security number<br>  |                                 |
| Claimant's legal last name            |       | Claimant's legal first name and middle initial   |                                 |
| Spouse's legal last name              |       | Spouse's legal first name and middle initial   |                                 |
| Home address (number and street)      |       | Check proper box and fill in name of city, village, or town and the county in which you lived at the end of 2005.<br><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br>Fill in name <input type="text"/><br>County of <input type="text"/> |                                 |
| City or post office                   | State | Zip code   | Daytime telephone number<br>( ) |

- 1 a What was your age as of December 31, 2005? (If you were under 18, you do not qualify for homestead credit for 2005.) . . . **1 a** Fill in age
- b If your spouse was age 65 or over as of December 31, 2005, check box 1b . . . . . **1 b** Check here ☐
- 2 Were you a legal resident of Wisconsin from 1-1-05 through 12-31-05? (If "No," you do not qualify.) . . . . . **2** ☐ Yes ☐ No
- 3 Were you claimed or will you be claimed as a dependent on someone else's 2005 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2005, you do not qualify.) . . . . . **3** ☐ Yes ☐ No
- 4 a Are you now living in a nursing home? (If "Yes," indicate the date you entered \_\_\_\_\_ and the nursing home name and address \_\_\_\_\_) . . . **4 a** ☐ Yes ☐ No
- b If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) . . . **4 b** ☐ Yes ☐ No
- 5 Did you become ☐ married **or** ☐ divorced in 2005? (If "Yes," fill in date \_\_\_\_\_; see page 12.) . . . **5** ☐ Yes ☐ No
- 6 a If married for any part of 2005, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 11.) . . . . . **6 a** ☐ Yes ☐ No
- b If you and your spouse maintained separate homes while married during 2005, did either spouse notify the other of their marital property income? (See page 11.) . . . . . **6 b** ☐ Yes ☐ No

**Household Income** Include all 2005 income as listed below. If married, include the incomes of both spouses. See pages 5 to 8.

- 7 Wisconsin income from your 2005 income tax return. If you **already filed** your tax return, check here. ☐ **Attach a copy marked "Duplicate."** (See page 3, Part C.1, paragraph 3.) . . . **7** \_\_\_\_\_ .00
- 8 If you or you and your spouse **are not filing** a 2005 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.
- a Wages \_\_\_\_\_ .00 + Interest \_\_\_\_\_ .00 + Dividends \_\_\_\_\_ .00 = . . . **8 a** \_\_\_\_\_ .00
- b Other taxable income. Attach a schedule listing each income item . . . . . **8 b** \_\_\_\_\_ .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7 or 8.**
- a Unemployment compensation . . . . . **9 a** \_\_\_\_\_ .00
- b Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions . . . . . **9 b** \_\_\_\_\_ .00
- c Railroad retirement benefits. Include Medicare premium deductions . . . . . **9 c** \_\_\_\_\_ .00
- d Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 6) . . . **9 d** \_\_\_\_\_ .00
- e Contributions to deferred compensation plans (see box 12 of wage statements, and page 6) . . . . . **9 e** \_\_\_\_\_ .00
- f Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans . . . . . **9 f** \_\_\_\_\_ .00
- g Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds . . . **9 g** \_\_\_\_\_ .00
- h Scholarships, fellowships, grants (see page 6), and military compensation or cash benefits . . . . . **9 h** \_\_\_\_\_ .00
- i Child support, maintenance payments, and other support money (court ordered) . . . . . **9 i** \_\_\_\_\_ .00
- j Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 6) . . . **9 j** \_\_\_\_\_ .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 . . . . . **10** \_\_\_\_\_ .00





|   |                   |     |
|---|-------------------|-----|
| <b>11 a</b> Enter amount from line 10 here .....  | <b>11 a</b> ..... | .00 |
| <b>b</b> Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay) .....  | <b>11 b</b> ..... | .00 |
| <b>c</b> Gain from sale of home excluded for federal tax purposes (see instructions) .....  | <b>11 c</b> ..... | .00 |
| <b>d</b> Other capital gains not taxable .....  | <b>11 d</b> ..... | .00 |
| <b>e</b> Net operating loss carryforward and capital loss carryforward .....  | <b>11 e</b> ..... | .00 |
| <b>f</b> Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income .....  | <b>11 f</b> ..... | .00 |
| <b>g</b> Partners', LLC members', and S corporation shareholders' distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name ..... | <b>11 g</b> ..... | .00 |
| <b>h</b> Car or truck depreciation (standard mileage rate) .....  | <b>11 h</b> ..... | .00 |
| <b>i</b> Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ..   | <b>11 i</b> ..... | .00 |
| <b>12 a</b> Subtotal. Add lines 11a through 11i .....   | <b>12 a</b> ..... | .00 |
| <b>b</b> Number of qualifying dependents. Do not count yourself or your spouse (see page 8) _____ x \$250 =   | <b>12 b</b> ..... | .00 |
| <b>c</b> Household income. Subtract line 12b from line 12a (if \$24,500 or more, no credit is allowed) ...  | <b>12 c</b> ..... | .00 |

**Taxes and/or Rent** See pages 8 to 10.

- ☐ Check here if your home was located on more than one acre of land and **was not** part of a farm; **see Schedule 1, page 3.**
- ☐ Check here if your home was located on more than one acre of land and **was** part of a farm.
- ☐ Check here if your home was used for purposes other than personal or farm use while you lived there in 2005; **see Schedule 2, page 3.**
- ☐ Check here if you received Wisconsin Works (W2) payments or county relief during 2005; **see Schedule 3, page 3.**

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| <b>13</b> Homeowners – Net <b>2005</b> property taxes on your homestead, whether paid or not .....                                      | <b>13</b> .....     | .00                                 |
| <b>14</b> Renters— <b>Rent</b> from your rent certificate(s), line 13a (or Shared Living Expenses Schedule). <b>See pages 9 and 10.</b> |                     |                                     |
| Heat included (13b of rent certificate is "Yes") .....  | <b>14 a</b> ▶ ..... | .00 x .20 (20%) = <b>14 b</b> ..... |
| Heat not included (13b of rent certificate is "No") .....   | <b>14 c</b> ▶ ..... | .00 x .25 (25%) = <b>14 d</b> ..... |
| <b>15</b> Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3) .....   | <b>15</b> .....     | .00                                 |

**Don't delay your refund:** **ATTACH** 2005 tax bill(s) (or closing statement) and/or original rent certificate(s).  
**ATTACH** ownership document (if the tax bill lists names other than yours). **See page 8.**

**Credit Computation**

|  |                 |     |
|--|-----------------|-----|
| <b>16</b> Fill in the smaller of (a) amount on line 15 or (b) \$1,450 .....                                      | <b>16</b> ..... | .00 |
| <b>17</b> Using the amount on line 12c, fill in the appropriate amount from <b>Table A</b> (page 13) .....       | <b>17</b> ..... | .00 |
| <b>18</b> Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable) ..  | <b>18</b> ..... | .00 |
| <b>19</b> Homestead credit – Using the amount on line 18, fill in the credit from <b>Table B</b> (page 14) ..... | <b>19</b> ..... | .00 |

If you file a Wisconsin income tax return, attach this claim behind Form 1, 1A, or 1NPR.  
 Fill in your homestead credit (line 19) on line 35 of Form 1A; line 46 of Form 1 (**ATTACH** a complete copy of your **federal** income tax return and schedules); or line 71 of Form 1NPR.  
 You cannot file Form WI-Z with a homestead credit claim.

*Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Claimant's signature, date

Spouse's signature

**Sign Here** ▶

**Mail to:**

Wisconsin Department of Revenue  
 PO Box 34  
 Madison, WI 53786-0001



DON'T file this claim UNLESS a rent certificate or property tax bill (or closing statement) is included.

**For Department Use Only**

|   |    |   |   |   |   |  |  |
|---|----|---|---|---|---|--|--|
| R | YR | T | D | A | C |  |  |
|   | 05 |   |   |   |   |  |  |

# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

# 2005

## Renter (claimant)

Complete lines 1 to 5. Then have your landlord fill in lines 6 to 13 and sign.

- 1 Name \_\_\_\_\_
- 2 Social security number ► \_\_\_\_\_
- 3 Address of rental property (property must be in Wisconsin)  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Time you actually lived here in 2005  
From (mo/day) \_\_\_\_ / \_\_\_\_ / 2005 To (mo/day) \_\_\_\_ / \_\_\_\_ / 2005
- 5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. → ☐

## Landlord

Fill in lines 6 to 13 and sign.

- 6 Name \_\_\_\_\_
- 7 Address \_\_\_\_\_
- 8 Telephone number \_\_\_\_\_
- 9 a Is the rental property (line 3) subject to property taxes?  
☐ Yes ☐ No
- b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. → ☐
- 10a Is this rent certificate for rent of:  
A mobile home? ☐ Yes ☐ No  
A mobile home site? ☐ Yes ☐ No
- b Mobile home taxes or parking permit fees, or municipal fees you collected from this renter for 2005. \$ \_\_\_\_\_

- 11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
  - a Rent collected **per month** for this rental unit for 2005. \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b Number of months this rental unit was rented to this renter in 2005. \_\_\_\_\_
  - c Total rent collected for this rental unit for 2005. \$ \_\_\_\_\_
  - d Number of occupants in this rental unit – **do not count spouse or children under 18.** \_\_\_\_\_
  - e This renter's share of total 2005 rent. \$ \_\_\_\_\_
- 12 Value of food and services provided by landlord (this renter's share). \$ \_\_\_\_\_
- 13a Rent paid for occupancy only – Subtract line 12 from line 11e. \$ \_\_\_\_\_
- b Was heat included in the rent? ☐ Yes ☐ No
- c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:  
☐ Standard rate (\$100 per week).  
☐ Percentage formula (fill in percentage) \_\_\_\_%.  
☐ Other method approved by Department of Revenue.

## Sign here

I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative

Date

## NEED HELP?

Contact any Department of Revenue office. Check your phone book for local listing.

You may also call:

(608) 266-8641 (Madison)  
(414) 227-4000 (Milwaukee)

## REMINDERS FOR RENTERS:

- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
- Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:

\_\_\_\_\_  
\_\_\_\_\_

**Step 2:** List the amount of **all** shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
|------------------------|-----------------------------|-----------------|
| Rent                   | 1a)                         | 1b)             |
| Food                   | 2a)                         | 2b)             |
| Utilities              | 3a)                         | 3b)             |
| Other                  | 4a)                         | 4b)             |
| Total                  | 5a)                         | 5b)             |

**Step 3:** Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) ..... 1 \_\_\_\_\_
- 2 Shared living expenses you paid (line 5b) ..... 2 \_\_\_\_\_
- 3 Total shared living expenses (line 5a) ..... 3 \_\_\_\_\_
- 4 Divide line 2 by line 3. Fill in decimal amount ..... 4 X . \_\_\_\_\_
- 5 Multiply line 1 by line 4 ..... 5 \_\_\_\_\_
- 6 Value of food and services provided by landlord (line 12 above) ..... 6 \_\_\_\_\_
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) ... 7 \_\_\_\_\_



# Rent Certificate

Wisconsin Department of Revenue

**NOTE:** Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

# 2005

## Renter (claimant)

Complete lines 1 to 5. Then have your landlord fill in lines 6 to 13 and sign.

- 1 Name \_\_\_\_\_
- 2 Social security number ► \_\_\_\_\_
- 3 Address of rental property (property must be in Wisconsin)  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Time you actually lived here in 2005  
From (mo/day) \_\_\_\_ / \_\_\_\_ / 2005 To (mo/day) \_\_\_\_ / \_\_\_\_ / 2005
- 5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. → ☐

## Landlord

Fill in lines 6 to 13 and sign.

- 6 Name \_\_\_\_\_
- 7 Address \_\_\_\_\_
- 8 Telephone number \_\_\_\_\_
- 9 a Is the rental property (line 3) subject to property taxes?  
☐ Yes ☐ No
- b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. → ☐
- 10a Is this rent certificate for rent of:  
A mobile home? ☐ Yes ☐ No  
A mobile home site? ☐ Yes ☐ No
- b Mobile home taxes or parking permit fees, or municipal fees you collected from this renter for 2005. \$ \_\_\_\_\_

- 11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
  - a Rent collected **per month** for this rental unit for 2005. \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b Number of months this rental unit was rented to this renter in 2005. \_\_\_\_\_
  - c Total rent collected for this rental unit for 2005. \$ \_\_\_\_\_
  - d Number of occupants in this rental unit – **do not count spouse or children under 18.** \_\_\_\_\_
  - e This renter's share of total 2005 rent. \$ \_\_\_\_\_
- 12 Value of food and services provided by landlord (this renter's share). \$ \_\_\_\_\_
- 13a Rent paid for occupancy only – Subtract line 12 from line 11e. \$ \_\_\_\_\_
  - b Was heat included in the rent? ☐ Yes ☐ No
  - c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:  
☐ Standard rate (\$100 per week).  
☐ Percentage formula (fill in percentage) \_\_\_\_%.  
☐ Other method approved by Department of Revenue.

## Sign here

I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.



Signature (by hand) of landlord or authorized representative

Date

## NEED HELP?

Contact any Department of Revenue office. Check your phone book for local listing.

You may also call:

(608) 266-8641 (Madison)  
(414) 227-4000 (Milwaukee)

## REMINDERS FOR RENTERS:

- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
- Schedule H or H-EZ must be completed and filed with this rent certificate.

## Shared Living Expenses Schedule

**Step 1:** List name(s) of other occupants:

\_\_\_\_\_  
\_\_\_\_\_

**Step 2:** List the amount of **all** shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
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| Rent                   | 1a)                         | 1b)             |
| Food                   | 2a)                         | 2b)             |
| Utilities              | 3a)                         | 3b)             |
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# 2005

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- 1 Name \_\_\_\_\_
- 2 Social security number ► \_\_\_\_\_
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\_\_\_\_\_  
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## Landlord

Fill in lines 6 to 13 and sign.

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- 7 Address \_\_\_\_\_
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- 10a Is this rent certificate for rent of:  
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A mobile home site? ☐ Yes ☐ No
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## Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

| Description  | Page |
|--|------|
| <input type="checkbox"/> 1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement . . . . .   | 4    |
| <input type="checkbox"/> 2 Sources of income reported on Line 8b of Schedule H note is attached . . . . .  | 5    |
| <input type="checkbox"/> 3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None" . . . . .                | 7    |
| <input type="checkbox"/> 4 Car or truck expenses claimed using the standard mileage rate. <b>Fill in the number of miles</b> _____ . . . . .   | 7    |
| <input type="checkbox"/> 5 Adjusted basis of car or truck reached zero using standard mileage rate . . . . .   | 7    |
| <input type="checkbox"/> 6 Car or truck expenses claimed using the actual expense method . . . . .   | 7    |
| <input type="checkbox"/> 7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached . . . . .   | 7    |
| <input type="checkbox"/> 8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits . . . . .   | 8    |
| <input type="checkbox"/> 9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange . . . . .   | 6    |
| <input type="checkbox"/> 10 Nontaxable repaid amounts note is attached . . . . .   | 7    |
| <input type="checkbox"/> 11 Very little or no household income note is attached . . . . .  | 8    |
| <input type="checkbox"/> 12 Ownership of property document is attached . . . . .   | 8    |
| <input type="checkbox"/> 13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached . . . . .  | 8    |
| <input type="checkbox"/> 14 Personal property tax bill is for a mobile home . . . . .  | 8    |
| <input type="checkbox"/> 15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached . . . . .   | 8    |
| <input type="checkbox"/> 16 No lottery and gaming credit on property tax bill. <b>Fill in the amount claimed \$</b> _____ . . . . .  | 9    |
| <input type="checkbox"/> 17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner . . . . .  | 9    |
| <input type="checkbox"/> 18 Landlord will not sign rent certificate. Rent verification is attached . . . . .   | 9    |
| <input type="checkbox"/> 19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached . . . . .   | 9    |
| <input type="checkbox"/> 20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached . . . . .  | 9    |
| <input type="checkbox"/> 21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached . . . . .  | 10   |
| <input type="checkbox"/> 22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached . . . . .   | 10   |
| <input type="checkbox"/> 23 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .                   | 11   |
| <input type="checkbox"/> 24 <b>Married but separated all year:</b> Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached . . . . . | 11   |
| <input type="checkbox"/> 25 <b>Married but separated part of year:</b> Required information is attached . . . . .  | 11   |
| <input type="checkbox"/> 26 <b>Marriage took place during year:</b> Required information is attached . . . . .   | 12   |
| <input type="checkbox"/> 27 <b>Divorce took place during year:</b> Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income . . . . .                   | 12   |
| <input type="checkbox"/> 28 <b>Divorce took place during year:</b> Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached . . . . .    | 12   |
| <input type="checkbox"/> 29 <b>Spouse died during year:</b> Date of death - ____ / ____ / <b>2005</b> . . . . .  | 12   |
| <input type="checkbox"/> 30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return . . . . .  | —    |
| <input type="checkbox"/> 31 Required notes and explanations in following data fields . . . . .   | —    |

Income Tax Return for Single and  
Joint Filers With No Dependents (99) 2005

## Label

(See page 11.)

Use the IRS  
label.Otherwise,  
please print  
or type.Presidential  
Election  
Campaign  
(page 11)L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 11.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

Your social security number

Spouse's social security number

▲ You **must** enter  
your SSN(s) above. ▲Checking a box below will not  
change your tax or refund.Check here if you, or your spouse if a joint return, want \$3 to go to this fund? ☐ You ☐ Spouse

## Income

Attach  
Form(s) W-2  
here.Enclose, but  
do not attach,  
any payment.1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.  
Attach your Form(s) W-2.

1

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

3 Unemployment compensation and Alaska Permanent Fund dividends  
(see page 13).

3

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.

4

5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable  
box(es) below and enter the amount from the worksheet on back.☐ You☐ SpouseIf someone cannot claim you (or your spouse if a joint return), enter \$8,200 if **single**;  
\$16,400 if **married filing jointly**.

5

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.  
This is your **taxable income**.

6

Payments  
and tax

7 Federal income tax withheld from box 2 of your Form(s) W-2.

7

8a **Earned income credit (EIC).**

8a

b Nontaxable combat pay election.

8b

9 Add lines 7 and 8a. These are your **total payments**.

9

10 **Tax.** Use the amount on **line 6 above** to find your tax in the tax table on pages  
24–32 of the booklet. Then, enter the tax from the table on this line.

10

## Refund

Have it directly  
deposited! See  
page 18 and fill  
in 11b, 11c,  
and 11d.11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**.

11a

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

Amount  
you owe12 If line 10 is larger than line 9, subtract line 9 from line 10. This is  
the **amount you owe**. For details on how to pay, see page 19.

12

Third party  
designeeDo you want to allow another person to discuss this return with the IRS (see page 19)? ☐ Yes. Complete the following. ☐ NoDesignee's  
namePhone  
no.

( )

Personal identification  
number (PIN)Sign  
hereJoint return?  
See page 11.  
Keep a copy  
for your  
records.Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and  
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based  
on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

( )

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

Paid  
preparer's  
use onlyPreparer's  
signature

Date

Check if  
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code

EIN

Phone no.

( )